

EMERGENCY MEDICAL SERVICES COMMISSION MEETING MINUTES

DATE: Friday, September 16, 2011

10:00 A.M.

LOCATION: Brownsburg Fire Territory
470 E. Northfield Rd.
Brownsburg, IN 46060

MEMBERS PRESENT: Charles Valentine (Municipal Fire)
Myron Mackey (EMTs)
Terri Hamilton (Volunteer EMS)
G. Lee Turpen II (Paramedic)
Sue Dunham (Emergency Nurses)
Jane Craigin (Hospital EMS)
Rick Archer (State EMS Director)
Gary Miller (Private Ambulance)
Michael Lockard (General Public)

MEMBERS ABSENT: D. William Rutherford (Emergency Physicians)
Ed Gordon (Volunteer Fire EMS)
Ronald Parsons (Training Instructor)
Michael Olinger (Trauma Physicians)

OTHERS PRESENT: Bruce Bare, Mara Snyder, IDHS Staff

CALL TO ORDER: The meeting was called to order at 10:00 by Chairman Gary Miller. Fire Training Section Chief John Buchman was present demonstrating a new technology that the Agency has acquired. IDHS is exploring the possibility of utilizing webinar technology to make EMS Commission Meetings available via the internet. It is being tested by staff at this meeting.

No action was needed by the Commission. No action was taken.

ADOPTION OF MINUTES:

A motion was made by Commissioner Mackey to adopt the minutes as written. Motion was seconded by Commissioner Turpen. Motion passed.

Commissioner Hamilton arrived at 1004.

State EMS Director Report

The State EMS Director Rick Archer announced that the online certification program is working very well but the process is being hampered by security measures designed into the Portal self sign-up resulting in a high number of failed Portal Account activations. Participants get two chances to get pass security questions correctly to verify their identify. If they fail to answer the questions correctly, the account is locked. The account is easily restored by staff, but the frequency of the failure for people who are legitimately enrolling is too high. The agency is working with the vendor to resolve this issue.

One of the solutions being explored is a project to obtain accurate email addresses for all Emergency Medical Personnel in the state. If the Agency can obtain a current, valid email from a large number of personnel, we can create Portal accounts en masse, eliminating the security questions in the self-signup process.

Director Archer stated that the Vision for the Future data is being compiled and should be ready by the end of the month.

Director Archer stated that he and Chairman Miller completed a survey for the legislature, for all commissions and boards. This report will be used by the State Legislature to determine what Boards and Commissions may be eliminated or combined.

Randy Seals asked the Commission if the definition of EMT-Basic Advanced should be classified as BLS or ALS.

Legal Counsel Mara Snyder arrived at 1014.

The commission and audience discussed the possibility and ramifications of each classification status, BLS and ALS, for EMT-BA. The commission referred this subject to the Technical Advisory Committee.

Director Archer stated that the EMS Community has lost a great contributor to the EMS Community with the death of Don Hess.

Gary Miller asked staff to compile a slide show to be shown at the next commission meeting of all those that the EMS Community has lost over the last year.

Personnel Certification Report

Renewed certifications as of September 2011

Basic EMT	786
Advanced EMT	50
EVOC Drivers	40
EVOC Instructors	3
First Responders	250
Paramedics	135
Primary Instructors	2
Intermediate EMT	3
Total	1269

STAFF REPORTS:

EMS Personnel Waiver Request

The following requested a waiver of 836 IAC 4-5-2 (c)(1)(5)(6) Primary Instructor Recertification. Petitioner expires 10/1/11 and requested a 6 month extension to acquire teaching hours. Staff recommended approval.

Graham, Thomas (PI)

Commissioner Mackey offered a motion to approve the waiver. The motion was seconded by Commissioner Archer. The motion passed.

The following requested a waiver of 836 IAC 4-7-2(a)(2) deadline for affiliation. Petitioner requested a 6 month extension of the deadline for purpose of attaining affiliation. Staff recommended approval.

Nerbonne, Benjamin (BA)

Commissioner Mackey made a motion to approve the waiver request. The motion was seconded by Commissioner Turpen. The motion passed.

The following requested a waiver of the 836 IAC 4-7-2(b) deadline to complete testing requirements. Petitioner requested a 6 month extension. Staff recommended approval.

Knefelkamp, Troy (B) Candidate

Commissioner Turpen made a motion to approve the waiver request. The motion was seconded by Commissioner Lockard. The motion passed.

The following requested a waiver of 836 IAC 4-9-6(b)(2) deadline to complete testing requirements. Petitioner requested a 6 month extension. Staff recommended approval.

Oliver, Albert

(P)

Commissioner Mackey made a motion to approve the waiver request. The motion was seconded by Commissioner Turpen. The motion passed.

Provider Waivers

The following requested a waiver of 836 IAC 2-2-1 (g)(1) requiring 24-hour availability of Paramedic service. Staff recommends approval.

Alcoa FD Ambulance Service

Commissioner Mackey made a motion to grant the waiver. Commissioner Craigin seconded. The motion passed.

The following requested a waiver of 836 IAC 2-2-1 (A) requiring an EMT-B (minimum) to staff with a Paramedic for ALS response. Staff recommended denial.

Gibson County Ambulance Service

Commissioner Mackey made a motion to grant the waiver. Commissioner Lockard seconded the motion. The motion passed.

The following requested a waiver of 836 IAC 2-2-1 (A) requiring an EMT-B (minimum) to staff with a Paramedic for ALS response. Staff recommended denial.

Switzerland County EMS Inc

Commissioner Valentine made a motion to grant the waiver. Commissioner Lockard seconded the motion. The motion passed.

The following requested a waiver of 836 IAC 2-2-1(A) requiring an EMT-B (minimum) to staff with a Paramedic for ALS response. Staff recommended denial.

Sullivan FD

Commissioner Mackey made a motion to grant the waiver. Commissioner Valentine seconded the motion. The motion passed.

The following requested a waiver to allow EMT-Intermediates to perform and transmit 12 lead ECG. Staff recommended approval.

Pulaski County EMS

Commissioner Mackey made a motion to grant the waiver. Commissioner Lockard seconded the motion. The motion passed.

The following requested a waiver of scope of practice to allow Intermediates to administer Zofran, Benadryl and Glucagon (prior service had waiver, protocol and Medical Director approval on file). Staff recommended approval.

Martin County EMS

Commissioner Archer made a motion to grant the waiver. Commissioner Valentine seconded the motion. Commissioner Mackey abstained. The motion passed.

INVESTIGATIONS REPORT

Report submitted for information purposes only:

September Compliance Report (data from July 1 to September 1, 2011)

Investigations

Offender cases reviewed:	32
Denied:	1
Probation:	12
Suspended:	3
Revoked:	0
Personnel Investigations:	7
Provider Investigations:	3
Training Institution Investigations:	1
Supervising Hospital Investigations	0

Compliance

Individual Certification Audits:	87	(25 still pending)
Provider Audits:	3	
Training Institution Audits:	3	(new TI's with one denied)
Supervising Hospital Audits:	0	
Incomplete Provider Applications:	47	(24 still pending)
Incomplete TI Applications:	8	(3 still pending)
Incomplete Supervising Hospital Apps:	4	(2 still pending)

No action Required, none taken.

ADMINISTRATIVE PROCEEDINGS**Orders Issued**

Order No. 47-2011, Shane C. Balkema

No Action Required, none taken.

Order No. 53-2011, Heather Bell

No Action Required, none taken.

Order No. 33-2011, Jeffery Cantrell

No Action Required, none taken.

Order No. 49-2011, Ian T. Sheets-Eaton

No Action Required, none taken.

Order No. 26-2010, Michael D. Gadlage

No Action Required, none taken.

Order No. 56-2010, Jason A. Jordan

No Action Required, none taken.

Order No. 44-2011, William Loyd

No Action Required, none taken.

Order No. 41-2011, Lance A. Mason

No Action Required, none taken.

Order No. 46-2011, Scott A. McKinley

No Action Required, none taken.

Order No. 45-2011, Josheph M. Micu
No Action Required, none taken.

Order No. 48-2011, Michael B. Polk
No Action Required, none taken.

Order No. 4-2010, Andrew D. Rushing
No Action Required, none taken.

Order No. 40-2011, Sarah Shircliff
No Action Required, none taken.

Order No. 36-2011, Cory J. Stamper
No Action Required, none taken.

Appeals

Scott McKinley made a timely appeal.

Commissioner Mackey made a motion to grant the appeal. Commissioner Valentine seconded. Appeal was granted.

Administrative Law Judge Decisions **No action needed.**

DATA REGISTRY REPORT

Report was submitted for information purposes.

- NEMSIS Information; (Indiana On-Line web server)
 - Currently there are 41 Fire and EMS Providers using the system with a total of 13,000 reported incidents,
 - We are currently working with the various software vendors towards Indiana Certification. The vendors had submitted test data; none passed the Indiana requirements as outlined in the 2009 Data Dictionary.
 - Once the vendors receive their Indiana Certification, they may announce to their respective providers to contact our office for transmitting (exporting) the data instructions.
- EMS Legacy Information

- Current stats;
2011 78,179 Incidents 199 Ambulance Providers reporting
50 BLS non-transport Providers
- Billing Companies
 - Those providers using billing companies to submit their Incidents on a timely basis should check the website for outcomes. Our office has worked diligently with several companies to ensure the data is correct. The billing company software must also be Indiana Certified if used to submit runs to the state.

• NEMSIS

Request that the Commission set a start date of January 1, 2012 for requiring NEMSIS Data to be collected. This announcement would require the vender to respond to the request for Indiana Certification of Software.

I would also request of the Commission that current waivers for lack of reporting purposes end by the January 1, 2012 date. And any future requests be investigated by this office, prior to submission to the Commission.

• INDIANA STATE BOARD OF HEALTH

An agreement is being prepared for certain data to be copied and transferred to a restricted server at Health for the purposes of Traffic Safety and patient/hospital studies.

- EMS Vision for the Future Conference

The final results in the After Action Meeting, Information Systems scored the 2nd highest in overall performance with a 34%.

No Action Required, none taken.

TECHNICAL ADVISORY COMMITTEE

Report was submitted for informational purposes.

A Bridge Course recommendation was made by the Technical Advisory Committee.

EMS FOR CHILDREN

No Report Submitted.

No Action Required, none taken.

TRAUMA COMMITTEE REPORT

No Report Submitted.

No Action Required, none taken.

OLD BUSINESS

Franciscan St. Anthony Health requested to start an additional paramedic course, under an existing waiver, to meet accreditation requirements with CoAEMSP.

Commissioner Valentine made a motion to grant the amendment to the existing waiver. Commissioner Hamilton seconded the motion. The motion passed.

Revision of LSA Document #08-628

TITLE 836 EMERGENCY MEDICAL SERVICES COMMISSION

LSA Document #10-628

DIGEST

Amends 836 IAC to add provisions concerning trauma protocols for field triage and transportation decision making. Effective 30 days after filing with the Publisher.

836 IAC 2.1-1

836 IAC 2.1-4

836 IAC 2.1-2

836 IAC 2.1-5

836 IAC 2.1-3

~~836 IAC 2.1-6~~

Rule 2.1. Certification of Ambulance Service Providers - Trauma Field Triage and Transport Destination Protocol**836 IAC 2.1-1 Purpose**

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 1. The purpose of this article is to provide a regulatory plan to ensure that injured patients in the pre-hospital setting are transported to the most appropriate hospital facility within the Indiana State Trauma System based on field assessment by emergency medical services

personnel of the potential severity of injury, available transportation and hospital resources. (*Emergency Medical Services Commission, 836 IAC 2.1-1*)

836 IAC 2.1-2 Exceptions

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 2. This article does not apply to emergency medical services provider organizations that are transporting trauma patients from one acute care hospital to another acute care hospital. (*Emergency Medical Services Commission, 836 IAC 2.1-2*)

836 IAC 2.1-3 Definitions

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

Sec. 3. The following definitions apply throughout this article.

(1) "ACS" means the American College of Surgeons, 633 N Saint Clair Street, Chicago, IL 60611-3211.

(2) ~~"Acute care Hospital" means a hospital that provides in-patient services and has an emergency room staffed 24 hours per day by an in-house physician with an unrestricted Indiana medical license~~ means a hospital that is licensed under IC 16-21-2.

(3) "Field Triage Decision Scheme" means *the version of the National Trauma Triage Protocol as originally published in Centers for Disease Control and Prevention. Guidelines for Field Triage of Injured Patients-Recommendations of the National Expert Panel on Field Triage. MMWR 2009;58 (No. RR-1):1-35, as recommended by the ACS, in effect on the date that the patient was provided with emergency medical services.*

(4) ~~"Hospital" means an institution, a place, a building, or an agency that holds out to the general public that it is operated for hospital purposes and that it provides care, accommodations, facilities, and equipment, in connection with the services of a physician, to individuals who may need medical or surgical services.~~ "Incident" means the site where the conditions requiring emergency medical services occurred.

(5) "Protocol" means a written guidance, prepared by the provider's medical director, detailing trauma field triage and transport destination procedures that shall be based on the Field Triage Decision Scheme.

(6) "Transport time" means the time from when the patient has been placed in the ambulance and the ambulance is ready to depart the incident.

(7) "Trauma center" means a hospital that is verified by the ACS as meeting its requirements to be a trauma center.

(8) "Trauma center care" means care provided to patients at a high risk of dying or serious injury, as determined by reference to the Field Triage Decision Scheme and medical judgment.

(Emergency Medical Services Commission, 836 IAC 2.1-3)

836 IAC 2.1-4 Creation of Protocol for Trauma Field Triage and Transport Transportation destination procedures

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

~~Sec. 4. The medical director of each ambulance provider certified by the Commission shall establish a protocol~~ (a) Upon arrival at an incident, emergency medical services personnel shall assess the condition of each patient using the Field Triage Decision Scheme to determine the appropriate transport destination.

(b) Patients determined to need trauma center care by virtue of their satisfying either Step One or Step Two of the Field Triage Decision Scheme shall be transported to a trauma center nearest the incident, unless transport time exceeds 45 minutes or the patient's life will be endangered if care is delayed by going directly to a trauma center, in which case the patient shall be transported to the nearest appropriate hospital as determined by the provider's protocols.

(c) Patients determined to need trauma center care by virtue of their satisfying either Step Three or Step Four of the Field Triage Decision Scheme shall be transported to either a trauma center or the nearest appropriate hospital, as determined by the provider's protocols.

(d) Patients who do not meet the Field Triage Decision Scheme criteria for trauma center care may nonetheless be transported to a trauma center if permitted under the provider's protocols.

(Emergency Medical Services, 836 IAC 2.1-4)

836 IAC 2.1-5 Patient choice Advance notification

Authority: IC 16-31-2-7

Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1

~~Sec. 5. The patient has the right to determine to which hospital they choose to be taken. If the patient is a minor or incompetent, the parent or legal guardian has the right to make that choice on the patient's behalf. If the protocol provides for transport to a specific facility, the patient, or parent or guardian where applicable, has the right to choose to be transported to a different facility. Emergency medical services~~

personnel shall provide advance notification to the receiving hospital or trauma center whenever possible to allow appropriate activation of resources prior to patient arrival. (*Emergency Medical Services, 836 IAC 2.1-5*)

~~836 IAC 2.1-6 Notification to nontransport providers~~

~~Authority: IC 16-31-2-7~~

~~Affected: IC 10-14-3-12; IC 16-18; IC 16-21-2; IC 16-31-2-9; IC 16-31-3; IC 25-22.5-1-1.1; IC 25-23-1-1.1~~

~~Sec. 6. Each provider that provides emergency medical services transportation services shall provide a copy of its protocol to every emergency medical services non-transport provider in the transportation provider's response area.~~ (*Emergency Medical Services, 836 IAC 2.1-6*)

The Commission discussed and took comments from the audience regarding the proposed rule. Concern that local medical direction is not involved in the decision-making process for patient destination.

May EMS Commission Meeting Minutes Correction

Ms. Jane Stout, Director
Spencer County Emergency Ambulance, Inc.
701 Buffaloville Road
P.O. Box 500
Dale, IN 47523

Dear Ms Stout,

It has been called to our attention that the minutes of the May EMS Commission Meeting contains an error regarding the waivers approved by the Commission for your agency. I am writing to clarify the actions taken by the EMS Commission regarding your Waivers at their May meeting.

The first waiver request, a request to waive IAC 836 1-1-5 Reports and Records, Spencer County Emergency Ambulance, Inc., requested an extension of an existing waiver allowing the agency to not report EMS data as required by this rule until the state was able to accept NEMSIS data. The Commission approved this waiver for 6 months, expiring October 31, 2011.

The second waiver, a request to extend an existing waiver to 836 IAC 4-7.1-3 (3), General Certification Requirements, to allow 12-lead EKG submission to a receiving facility was approved by the Commission for a period of 2 years expiring May 31, 2013.

Thank you for calling to our attention the error in the May Commission meeting minutes. A correction will be made at the next Commission Meeting in September

Respectfully,



Rick Archer, AS, EMT-P, MEP
State EMS Director

Commissioner Mackey made a motion to grant the correction. Commissioner Valentine seconded the motion. The motion passed.

NEW BUSINESS

To: Members of the EMS Commission
From: Rick Archer, AS, EMT-P, MEP
Date: September 7, 2011
Re: Paramedics Serving at Lower Certification Levels

This memo is in regards to the issue of EMT-Ps working for Basic-Advanced and Intermediate providers and performing ALS skills up to the provider's certification level.

The Agency historically has taken the position that this practice is not in accordance with the Commission's Rules based on the following:

1. EMT-I certification standards 836 IAC 4-7.1-3 (a)(3)(4), and for EMT-BA, 836 IAC 4-7.1-2(a)(3) and 2 (a)(4). These rules establish the certification standards for EMT-BAs and EMT-Is as requiring completion of a Commission approved course for the respective certifications, and successfully passing the practical and written exams for those levels.
2. 836 IAC 4-9-3 (2) states that the paramedic candidate must "Be affiliated with a certified paramedic provider organization or a supervising hospital."
3. Paramedics, EMT-Is and EMT-BAs, must maintain their EMT-B certificates. 836 IAC 4-4-2(f) states, "Notwithstanding any other provisions of this article, a person also certified as an emergency medical technician-basic advanced, emergency medical technician-intermediate, or paramedic under IC 16-31 may substitute the required continuing education credits for those of subsection (d) . Subsection (d) of refers to

the certification renewal requirements for EMT-B certificates.

4. 836 IAC 2-7.2-1(4)(A) states:

“(A) If emergency medical technician-intermediate level advanced life support treatment techniques have been initiated or are needed:

- (i) the ambulance must be staffed by at least an emergency medical technician-intermediate and an emergency medical technician; and
- (ii) an emergency medical technician-intermediate shall be in the patient compartment.

(B) If advanced life support treatment techniques have not been initiated and are not needed:

- (i) the ambulance must be staffed by at least an emergency medical technician; and
- (ii) an emergency medical technician shall be in the patient compartment

These rules imply that the intent of the Commission was that advanced certifications were in addition to the EMT-B. Nowhere in the rules is there any reference that a paramedic may perform at any level other than their certificated levels, i.e. EMT-B and EMT-P.

The Agency, when announcing this interpretation of the rules, has received requests for clarification as it would appear that paramedics are being utilized at EMT-BA and EMT-I provider organizations; and being allowed to perform Advanced Life support procedures up to the level of the organization's certification level.

The Agency requests that the Commission provide guidance in regards to this interpretation at the EMS Commission meeting in September. Can an EMT-P function as an EMT-I or EMT-BA for a provider organization that is only certificated at the EMT-I or EMT-BA level? The Commission could interpret the Paramedic Curricula includes all the curricula of the EMT-BA and EMT-P and state that EMT-Ps are also certified at all levels of certification between the EMT-B and Paramedic. Or, the Commission can say that the Agency's interpretation of the rules is the interpretation of the Commission.

Commissioner Mackey made a motion to allow any certified personnel to act at a lower level without being certified at that level, thus not having to maintain more than one certification except the highest certification level, as an official rule interpretation. Commissioner Valentine seconded the motion. Motion passed.

The Chairman directed staff to place the revision of LSA Document #08-628 on the website for comment.

The Chairman directed Commissioner Mackey to draft a request to the TAC Committee to study, research, and make recommendations on the rules regarding ALS transport minimum staffing patterns.

There being no further business, the meeting was adjourned at 1:52p.m.

Approved _____
Gary Miller, Chairman